County: Calumet
WILLOWDALE NURSING & REHAB CENTER
1610 HOOVER STREET
NEW HOLSTEIN 53061 Phone NEW HOLSTEIN 53061 Phone: (920) 898-5706
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 50
Number of Residents on 12/31/00: 40 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled Yes Yes 46

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No No No Yes No No Yes	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	2. 5 20. 0 2. 5 0. 0 0. 0 0. 0 2. 5	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	5. 0 10. 0 30. 0 42. 5 12. 5	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No	Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	27. 5 22. 5 0. 0 2. 5 20. 0	65 & Over Sex Male Female	95. 0 % 32. 5 67. 5 100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	13. 9 8. 2 35. 2

Method of Reimbursement

	Medicare (Title 18)		(Medicaid (Title 19)			Other Priv			ri vate Pay			Manageo	l Care		Percent	
		Per Diem			Per Diem		Per Diem			Per Diem		Per Diem Tota			Of All		
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	3	100.0	\$314.38	18	75. 0	\$104.05	0	0. 0	\$0.00	10	76. 9	\$114.00	0	0. 0	\$0.00	31	77. 5%
Intermedi ate				5	20.8	\$86. 74	0	0.0	\$0.00	3	23. 1	\$114.00	0	0.0	\$0.00	8	20.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	4. 2	\$135.80	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2. 5%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	3	100.0		24 1	100.0		0	0.0		13	100.0		0	0.0		40	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Activities of Assistance of Percent Admissions from: % Totally Number of Private Home/No Home Health 12.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 3. 6 Baťhi ng 10.0 82.5 7. 5 40 Other Nursing Homes 10.7 Dressing 15.0 67.5 17. 5 40 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 64.3 42.5 **45.** 0 12. 5 40 25.0 40 0.0 Toilet Use 57. 5 17. 5 0.0 Eating **65.** 0 30.0 5. 0 40 Other Locations 8.9 Total Number of Admissions Continence Special Treatments 56 Receiving Respiratory Care Receiving Tracheostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 12. 5 Private Home/No Home Health 10.9 Occ/Freq. Incontinent of Bladder 52. 5 2. 5 Receiving Suctioning Receiving Ostomy Care Private Home/With Home Health 15.6 Occ/Freq. Incontinent of Bowel 12.5 0.0 Other Nursing Homes 6. 3 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 10.9 2. 5 Mobility Physically Restrained 10.0 1.6 20.0 0.0 Other Locations 15.6 Skin Care Other Resident Characteristics Deaths 39. 1 With Pressure Sores 5. 0 Have Advance Directives 95.0 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs (Including Deaths) 22.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:			Si ze:	Li censure:			
		This Proprietary			- 99	Skilled		Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92. 0	82. 5	1. 12	87. 3	1. 05	84. 1	1. 09	84. 5	1.09
Current Residents from In-County	42. 5	83. 3	0. 51	80. 3	0. 53	83. 5	0. 51	77. 5	0. 55
Admissions from In-County, Still Residing	7. 1	19. 9	0. 36	21. 1	0.34	22. 9	0. 31	21. 5	0. 33
Admi ssi ons/Average Daily Census	121. 7	170. 1	0. 72	141.8	0. 86	134. 3	0. 91	124. 3	0. 98
Discharges/Average Daily Census	139. 1	170. 7	0. 82	143. 0	0. 97	135. 6	1. 03	126. 1	1. 10
Discharges To Private Residence/Average Daily Census	37. 0	70. 8	0. 52	59. 4	0. 62	53. 6	0. 69	49. 9	0.74
Residents Receiving Skilled Care	77. 5	91. 2	0. 85	88. 3	0. 88	90. 1	0. 86	83. 3	0. 93
Residents Aged 65 and Older	95. 0	93. 7	1. 01	95. 8	0. 99	92. 7	1. 02	87. 7	1.08
Title 19 (Médicaid) Funded Residents	60. 0	62. 6	0. 96	57. 8	1.04	63. 5	0. 94	69. 0	0.87
Private Pay Funded Residents	32. 5	24. 4	1. 33	33. 2	0. 98	27. 0	1. 20	22. 6	1.44
Developmentally Disabled Residents	2. 5	0. 8	3. 24	0. 7	3. 42	1. 3	1. 99	7. 6	0. 33
Mentally Ill Residents	22. 5	30. 6	0. 73	32. 6	0. 69	37. 3	0. 60	33. 3	0. 67
General Medical Service Residents	20. 0	19. 9	1.00	19. 2	1.04	19. 2	1. 04	18. 4	1.09
Impaired ADL (Mean)	41. 0	48. 6	0.84	48. 3	0. 85	49. 7	0.83	49. 4	0.83
Psychological Problems	22. 5	47. 2	0. 48	47. 4	0.47	50. 7	0. 44	50. 1	0.45
Nursing Care Required (Mean)	5. 3	6. 2	0. 86	6. 1	0. 88	6. 4	0. 82	7. 2	0.74